

County: Green Lake  
 MARKESAN RESIDENT HOME  
 1130 N MARGARET

Facility ID: 7650

Page 1

MARKESAN 53946 Phone:(920) 398-2751  
 Operated from 1/1 To 12/31 Days of Operation: 366  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/04): 72  
 Total Licensed Bed Capacity (12/31/04): 72  
 Number of Residents on 12/31/04: 72

Ownership: Non-Profit Corporation  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 68

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		40.3
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		40.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.6	More Than 4 Years		19.4
Day Services	No	Mental Illness (Org./Psy)	31.9	65 - 74	11.1			-----
Respite Care	Yes	Mental Illness (Other)	5.6	75 - 84	25.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	37.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	20.8	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	4.2		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	13.9	65 & Over	94.4	-----		
Transportation	No	Cerebrovascular	6.9		-----	RNs		7.1
Referral Service	Yes	Diabetes	5.6	Gender	%	LPNs		11.9
Other Services	Yes	Respiratory	1.4		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	30.6	Male	19.4	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	80.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	5	100.0	321	2	3.6	145	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	9.7
Skilled Care	0	0.0	0	51	92.7	125	0	0.0	0	12	100.0	159	0	0.0	0	0	0.0	0	63	87.5
Intermediate	---	---	---	2	3.6	105	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		55	100.0		0	0.0		12	100.0		0	0.0		0	0.0		72	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	10.3	Bathing	0.0	87.5	12.5	72
Private Home/With Home Health	0.0	Dressing	0.0	93.1	6.9	72
Other Nursing Homes	5.1	Transferring	13.9	76.4	9.7	72
Acute Care Hospitals	79.5	Toilet Use	6.9	83.3	9.7	72
Psych. Hosp.-MR/DD Facilities	0.0	Eating	48.6	47.2	4.2	72
Rehabilitation Hospitals	0.0	*****				
Other Locations	5.1	Continence	%	Special Treatments	%	
Total Number of Admissions	78	Indwelling Or External Catheter	8.3	Receiving Respiratory Care		20.8
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	61.1	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	27.4	Occ/Freq. Incontinent of Bowel	44.4	Receiving Suctioning		0.0
Private Home/With Home Health	8.2			Receiving Ostomy Care		0.0
Other Nursing Homes	0.0	Mobility		Receiving Tube Feeding		1.4
Acute Care Hospitals	6.8	Physically Restrained	6.9	Receiving Mechanically Altered Diets		45.8
Psych. Hosp.-MR/DD Facilities	0.0			Other Resident Characteristics		
Rehabilitation Hospitals	0.0	Skin Care		Have Advance Directives		91.7
Other Locations	15.1	With Pressure Sores	4.2	Medications		
Deaths	42.5	With Rashes	6.9	Receiving Psychoactive Drugs		58.3
Total Number of Discharges (Including Deaths)	73					

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 50-99 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.4	87.4	1.08	85.5	1.10	85.9	1.10	88.8	1.06
Current Residents from In-County	47.2	76.6	0.62	71.5	0.66	75.1	0.63	77.4	0.61
Admissions from In-County, Still Residing	14.1	21.5	0.66	20.7	0.68	20.5	0.69	19.4	0.73
Admissions/Average Daily Census	114.7	125.9	0.91	125.2	0.92	132.0	0.87	146.5	0.78
Discharges/Average Daily Census	107.4	124.5	0.86	123.1	0.87	131.4	0.82	148.0	0.73
Discharges To Private Residence/Average Daily Census	38.2	51.0	0.75	55.7	0.69	61.0	0.63	66.9	0.57
Residents Receiving Skilled Care	97.2	95.2	1.02	95.8	1.02	95.8	1.01	89.9	1.08
Residents Aged 65 and Older	94.4	96.2	0.98	93.1	1.01	93.2	1.01	87.9	1.07
Title 19 (Medicaid) Funded Residents	76.4	69.6	1.10	69.1	1.11	70.0	1.09	66.1	1.16
Private Pay Funded Residents	16.7	21.4	0.78	20.2	0.83	18.5	0.90	20.6	0.81
Developmentally Disabled Residents	0.0	0.4	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	37.5	40.3	0.93	38.6	0.97	36.6	1.02	33.6	1.12
General Medical Service Residents	30.6	17.9	1.71	18.9	1.61	19.7	1.55	21.1	1.45
Impaired ADL (Mean)	47.8	47.6	1.00	46.2	1.03	47.6	1.00	49.4	0.97
Psychological Problems	58.3	57.1	1.02	59.0	0.99	57.1	1.02	57.7	1.01
Nursing Care Required (Mean)	9.9	7.3	1.36	7.0	1.42	7.3	1.35	7.4	1.33